Appendix 18
Adjunctive/General Services

Please note that local anesthesia is included in the fee for procedures requiring anesthesia and is not separately billable. When a provider uses anesthesia, the anesthesia charge should be included in the amount billed for the procedure.

Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
Unclassified Treatment:				
09110	Palliative (emergency) treatment of dental pain - minor procedure	No	All	Not billable immediately before or after surgery.[3] *Emergency only.*
Anesthesia:				
09220	General anesthesia	Yes	All	Prior authorization not required for place of service 1, 2, B. Prior authorization not required in an emergency. Not billable with 09240.
09240	Intravenous sedation	Yes	All	Prior authorization not required in an emergency or for place of service 1, 2, or B. Not billable with 09220.
Professional Visits:				
09420	Hospital call	Yes	All	Up to two visits per stay. Only allowable in place of service 1, 2, B. Prior authorization not required in an emergency.
Miscellaneous Services:				
09910	Application of desensitizing medicament	No	All	Tooth numbers 1-32, A-T, SN. Limit of $50 reimbursement per day for all emergency procedures done on a single day. Not billable immediately before or after surgery.[3] Cannot be billed for routine fluoride treatment. *Emergency only.*

- Refer to Endodontic Services, Appendix 12 of this handbook, for information on W7116 - Open Tooth for Drainage.
- Refer to Periodontic Services, Appendix 13 of this handbook, for information on W7117 - Treat ANUG and W7118 Treat Periodontal Abscess.

Key:

[3] - $50 limitation per day for all emergency procedures applies to 09110, 09910, W7116, W7117, and W7118. Narrative required to override the limitations.

Appendix 18
Adjunctive/General Services
(continued)

COVERED SERVICES

DEFINITION

Adjunctive general services include hospitalization, general anesthesia, intravenous sedation, and emergency services provided for relief of dental pain.

PALLIATIVE (EMERGENCY) TREATMENT

For Wisconsin Medicaid purposes, palliative (emergency) treatment is treatment of dental pain - minor procedures that do not fit into the restorative, periodontic, or oral and maxillofacial surgery covered services described in this handbook. Refer to Section II-A of this handbook for a detailed explanation of emergency services. Palliative treatment and definitive treatment cannot be performed on the same tooth on the same date of service.

INPATIENT AND OUTPATIENT HOSPITAL SERVICES

Inpatient and outpatient hospitalization is allowed on an emergency and non-emergency (elective) basis for all dental services.

Hospitalization for the express purpose of controlling apprehension is not a Medicaid-covered service. This policy applies to inpatient or outpatient hospital and ambulatory surgical centers.

Non-emergency hospitalization is appropriate in the following situations:

- Children with uncontrollable behavior in the dental office or with psychosomatic disorders that require special handling. Children needing extensive operative procedures such as multiple restorations, abscess treatments, or oral surgery procedures.
- Developmentally disabled recipients with a history of uncooperative behavior in the dental office, even with premedication.
- Hospitalized recipients who need extensive restorative or surgical procedures or whose physician has requested a dental consultation.
- Geriatric recipients or other recipients whose medical history indicates that monitoring of vital signs or that the availability of resuscitative equipment is necessary during dental procedures.
- Medical history of uncontrolled bleeding, severe cerebral palsy, or other medical conditions that render in-office treatment impossible.
- Medical history of uncontrolled diabetes where oral and maxillofacial surgical procedures are being performed.
- Extensive oral and maxillofacial surgical procedures are being performed (e.g., Orthognathic, Cleft Palate, TMJ surgery).

If the request for hospitalization is for an institutionalized recipient, a physician's statement or order and an informed consent signed either by the recipient or the recipient's legal guardian is required.

PRIOR AUTHORIZATION

GENERAL REQUIREMENTS

General anesthesia or intravenous sedation requires prior authorization (PA) except when it is provided in an inpatient hospital, outpatient hospital, or an ambulatory surgical center.

Appendix 18
Adjunctive/General Services
(continued)

GENERAL ANESTHESIA AND INTRAVENOUS SEDATION

The criteria for approval of a PA include:

- A physician's statement indicating the recipient is allergic to local anesthetics.
- The recipient is unmanageable and belligerent with premedication attempts.
- Medical history indicates surgical procedures would require the monitoring of vital signs.
- Medical history of uncontrolled bleeding.
- The request is accompanied with elective major oral and maxillofacial surgery requiring general anesthesia.
- Inability to gain local anesthesia after the recipient has been on antibiotic therapy to control infection for five to seven days or if a life-threatening infection is present.

General anesthesia and intravenous conscious sedation administered by a dental provider is separately billable and requires PA. General anesthesia and intravenous conscious sedation is not allowed simply to control apprehension, even when providing emergency services. Intravenous sedation includes pharmacological management.

NON-EMERGENCY HOSPITALIZATION FOR DENTAL SERVICES

All elective, non-emergency hospital services require PA if they require PA in other places of service, unless otherwise noted.

Hospital calls are limited to two visits per stay and require PA.

EMERGENCY HOSPITALIZATION AND OUTPATIENT DENTAL SERVICES

Emergency hospitalizations and emergency outpatient services (emergency room and day surgery) do not require PA.

BILLING

EMERGENCY SERVICES

Emergency services are defined as services that must be provided immediately to relieve pain, swelling, acute infection, trismus, or trauma. Because the ADA claim form does not have an element to designate emergency treatment, *all claims for emergency services must be identified by an "E"* in the "For Administrative Use Only" box on the line item for the emergency service of the ADA claim form or element 24I of the HCFA 1500 claim form in order to exempt the services from copayment deduction. *Only the letter "E" without any additional letters is accepted.* Information relating to the definition of a dental emergency is in Section II-A of this handbook.

Claims submitted electronically use a different field to indicate an emergency. Refer to your Electronic Media Claims (EMC) manual for more information.

ADDITIONAL INFORMATION

In addition to this summary, refer to:

- The preceding pages for a complete listing of Medicaid-covered adjunctive/general services, procedure codes, and related limitations.
- Appendix 31 of this handbook for a summary of required billing documentation.
- Appendix 24 of this handbook for a summary of required documentation needed for PA requests.